

Foster Family Home - Corrective Action Report

Provider ID: 1-140059

Home Name: Cesaria Tabucol, CNA

91-561 Papipi Road

Ewa Beach

HI 96706

Review ID: 1-140059-5

Reviewer: David Ayling

Begin Date: 11/3/2017

End Date: 11/13/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/3/17. Corrective Action Report issued during home visit with all items due to CTA by 12/3/17.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - TB clearance expired on 8/31/17 for CG #4.

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) - PCG not keeping a sign in/sign out sheet.

David Ayling
Compliance Manager

Cesaria Tabucol
Primary Care Giver

11/3/17
Date

11-3-17
Date

41.(b)(7) - I HAVE GOTTEN A CURRENT TB CLEARANCE
FOR CG #4 AND PLACED IN MY CTA BINDER.
I PLACED THE EXPIRATION DATE FOR TB CLEARANCE
FOR ALL CAREGIVER IN MY IPHONE CALENDAR.
IT WILL NOTIFY ME 1 MONTH IN ADVANCE.

41.(3D)(b)(2) - I NOW USE THE CTA SIGN IN/SIGN OUT
SHEET EVERY TIME I LEAVE MY CCFFH.


CESARIA TABUCOL
11/13/2017